Application or Docke: Number

PATENT APPLICATION FEE DETERMINATION RECORD

					POY	O-	00 j							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE :			ÓF	OTHER THAN		
TOTAL CLAIMS			21					RATE	=	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	EE	385.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• 1			XS 9:			OB	XS18=		
INDEPENDENT CLAIMS			5 m	inus 3 =	2			X43=	:		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145:			OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	_		OR	TOTAL		
A/A/ CLAIMS AS AMENDED - PART II										\ <u></u>	J • · ·	OTHER	THAN .	
4	7/07	(Column 1)	(Column 2) (Column 3)					SMALL ENTITY			OR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Misus			=		XS 9=			OB	X\$18=		
	Independent	· ·	Minus			2	-	X43=		/	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=	1		OR	+290=		
								TOTA				TOTAL ADDIT, FEE		
			-10011. FE				NODII. PEEI							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	<u></u>				XS 9=			OR	X\$18=		
	Incependent FIRST PRESE	NTATION OF MU	Minus	FNDENT	CLAIM	=		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
									Ë	: •	OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
MEN	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	•• ••		= .	Γ	X\$ 9=			OR	X\$18=	٠.	
	Independent		Minus	****	· .	=.	t	X43=	t		t	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╀		OR		 	
- 11	the entry in colum	nn 1 is less than the	entry in colur	nn 2, write "	O* in coli	imn 3	L	+145=	1	·	OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPTION OF THE SPACE IS LESS THAN 3, enter "3."														
٠ ٦	he 'Highest Num	ber Previously Paid	For (Total or	Independen	t) is the t	nighest number	toun	d in the a	ppro	priate box	in calu	mn 1.		